



Robert E. Bush
Naval Hospital

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE web-site.
- * Through the Naval Hospital Customer Comment Cards.
- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

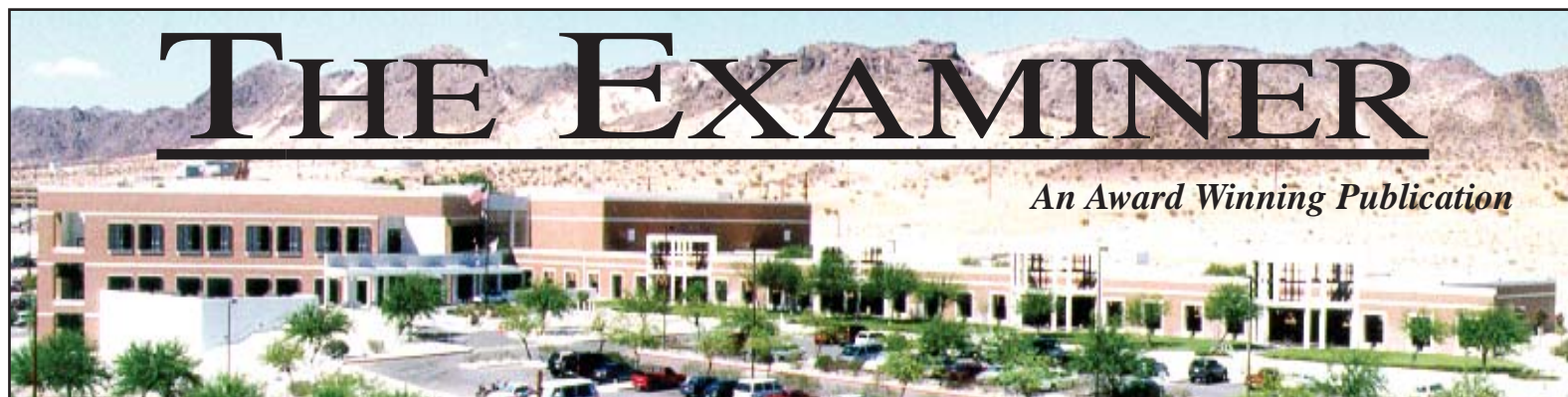
Or Directly to the Joint Commission via:

E-mail at
complaint@jointcomission.org

Fax:
Office of Quality Monitoring
630-792-5636

Mail:
Office of Quality Monitoring
The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

Commanding Officer
Naval Hospital Public Affairs Office
Box 788250 MAG/TFIC
Twentynine Palms, CA 92278-8250



THE EXAMINER

An Award Winning Publication

<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Hospital Tests Itself During Mass Casualty Drill



Patients seen in April -- 13,558
Appointment No Shows in April -- 939

The staff of the Robert E. Bush Naval Hospital would like to thank those who have helped reduce the number of appointment no-shows down to nearly 6 percent from an average of 10 percent each month. By maintaining this downward trend, more appointments will be available to those who need to be seen by one of the hospital's providers.

To make an appointment call -- 760-830-2752
To cancel an appointment call -- 760-830-2369

The staff of the Robert E. Bush Naval Hospital practiced and polished their skills during the recent Combat Center's mass casualty drill. Top left, Lt. Cmdr. Raul Carrillo, left, Dept. Head of the Emergency Medicine Department and Lt. Rebecca Ensley, right, an Internal Medicine physician, tend to a simulated injured patient on the Multi-Service Ward. In the photo to the left, HM1 Loren Lumberio and HM3 Dominique Lemons, put their Physical Therapy skills aside to triage a patient in the Physical Therapy Department, which was converted to a Triage site during the drill. In the photo above, staff members practice their litter carrying skills down the winding stairway of the hospital while under the careful supervision of the hospital's Safety Manager Gary Thomas.

(Official U.S. Navy Photos by HM2 Rachel Prince OPI Department)

Sleep and Safety-What’s The Link?

By Martha Hunt, MA CAMF
Health Promotion and Wellness
Robert E. Bush Naval Hospital

Researchers have found that 19.5 percent of U.S. adults are suffering from moderate to severe excessive daytime sleepiness. These results raise public safety concerns, particularly regarding the risk of workplace injuries and drowsy driving accidents.

For example, the Institutes of Medicine estimates that drowsy driving is responsible for fully 20 percent of all motor vehicle crashes. That would mean that drowsy driving causes approximately 1 million crashes, 500,000 injuries, and 8,000 deaths each year in the U.S. Sleep deprivation negatively impacts our mood, our ability to focus, and our ability to think and reason. In addition a night without sleep damages our concentration, memory, mathematical ability and logical reasoning.

One of the primary causes of excessive sleepiness among Americans is self-imposed sleep deprivation. People skimp on sleep in hopes of getting more done and addiction to technology such as computers and video games. People now sleep about 20 percent less than they did a century ago.

Working at night and sleeping during the day can also cause excessive sleepiness. Some people are able to adjust to such a schedule while others may never overcome the body’s natural need to be awake during the day and asleep at night.

Excessive sleepiness is also linked with a number of sleep disorders. For example, sleep disordered breathing (SDB), which includes snoring and obstructive sleep apnea (OSA), is often associated with excessive sleepiness. Because SDB causes repeated interruptions in your sleep, it can lead to abnormal sleepiness during waking hours no matter how many hours you actually spent in bed.

Insomnia is another main cause of daytime sleepiness. Insomnia symptoms may include difficulty falling asleep, difficulty staying asleep, waking up still tired, as well as daytime problems such as excessive sleepiness, concentration and memory problems, tiredness, and irritability.

Narcolepsy is a brain disorder where you are sometimes unable to stay awake no matter what you do. Narcolepsy symptoms also include insomnia at bedtime, sudden sleep attacks, sudden muscular weakness, hallucinations, and sleep paralysis. Restless legs syndrome (RLS) is also a brain disorder characterized by strange sensations in the legs and a strong urge to move them.

The good news is that these sleep disorders can be easily diagnosed and effectively treated. If you have excessive daytime sleepiness or feel you may suffer from a sleep disorder, talk to a healthcare professional about the problem as soon as possible.

How can you better cope with problem sleepiness and live a safer life? Here are some habits that can help you to get better sleep.

They include:

- * Maintaining a consistent sleep schedule, even on the weekends can help you feel better during the day.
- * Developing a regular, relaxing bedtime routine such as a warm bath or simply taking time by yourself to relax.
- * Use your bedroom only for sleep and sex. This will strengthen the link between bed and sleep.
- * Create a sleep environment for yourself that is dark, quiet, comfortable and slightly cool.
- * Removing all work materials, televisions, phones, and other distractions from the bedroom.
- * Avoid caffeine after 3 p.m., and if you are still having problems falling asleep, cut back your caffeine around noon.
- * Limit alcohol as it can disturb sleep.

Navy Spouses, thank you for supporting your Sailor

As the Robert E. Bush Naval Hospital Twentynine Palms Commanding Officer, I would like to take the time to acknowledge that in many ways, our military spouses have really carried the load for our Sailors.

Without asking for support or recognition, you have carried out your duties to your family and country with the quiet courage and strength that has always exemplified the American spirit.

When your Sailor was asked to report to this remote location, you supported them and even proceeded to blossom in this desert environment. When your Sailor was deployed, your entire family was called to serve. I know that readiness of your Sailor depended on the readiness of you, the military spouse, your children, and loved ones’ sacrifice as well.

I am convinced that your military spouse knows that without your support, they could not effectively do their job. Non-military spouses will never know the challenge you face that any moment, your spouse may be called upon by the government to report for duty and leave you and your family behind to assist with a crisis somewhere in the world, while you are left to keep home life ‘normal’ for everyone.

I warmly express my deep appreciation for your support of your Sailor.



Captain Ann Bobeck
Commanding Officer
Robert E. Bush Naval Hospital

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June is Men's Health Month... But it isn't just a Man's Issue

*By Martha Hunt, MA CAMF
Health Promotion and Wellness
Robert E. Bush Naval Hospital*

“Recognizing and preventing men's health problems is not just a man's issue. Because of its impact on wives, mothers, daughters, and sisters, men's health is truly a family issue.” Congressman Bill Richardson (Congressional Record, H3905-H3906, May 24, 1994).

This statement and resulting legislation led to the beginning of Men's Health Awareness.

There is a silent crisis in men's health due to a lack of awareness, poor health education, and culturally induced behavior patterns in men's work and personal lives. As a result, men are not seeking and getting the preventive health care that they need.

As a consequence of this, men are living approximately five years less than women.

Improving men's health is not limited to the doctor's office or hospital - it starts at home with men taking steps to live safer and healthier lives. In fact, the leading causes of death for men in the United States are -- in order - diseases of the heart, cancer, accidents (unintentional injuries), chronic lower respiratory diseases, cerebrovascular diseases, diabetes mellitus, intentional self-harm (suicide), influenza and pneumonia, kidney diseases, and Alzheimer's disease.

Learn your family health history. Are there any new conditions or diseases that have occurred in your close blood relatives since your last visit to your primary care provider? If so, let your doctor or nurse know. Family

history might influence your risk of developing heart disease, stroke, diabetes, or cancer.

Know and understand your numbers. You may know your favorite team's stats, but what about your own health numbers? Keep track of your numbers for blood pressure, blood sugar, cholesterol, and body mass index (BMI). These numbers can provide a glimpse of your health status and risk for certain diseases and conditions, including heart disease, diabetes, obesity, and more.

Work safely. An estimated 11,500 workers have a nonfatal work-related injury or illness every day in the US and as a result, more than half require a job transfer, work restrictions, or time away from their jobs.

Get check-ups. Just because you may feel fine, that doesn't mean you don't need your annu-

al check-ups.

Unfortunately, there are certain diseases and conditions that are silent and may not have symptoms. See your doctor or nurse for regular check-ups, and go more often if needed.

Get Vaccinated. Some adults assume that the vaccines they received as children will protect them for the rest of their lives. Immunity can begin to fade over time and as we age, we become more susceptible to serious disease caused by common infections (e.g., flu, pneumococcus).

Far too many adults become ill, are disabled, and die each year from diseases that could easily have been prevented by vaccines.

Pay attention to signs and symptoms such as any discharge, excessive thirst, rash or sore on the skin, problems with urination or shortness of breath as these are only a few of the symptoms that males should pay attention to and see a doctor about if they occur. It could be a symptom for a sexually transmitted disease, diabetes, heart disease, cancer, or other conditions or diseases. If you have symptoms, be sure to see your doctor right away.

Get enough sleep. Lack of sleep is associated with a number of chronic diseases and conditions, such as diabetes, cardiovascular disease, obesity, and depression. Moreover, insufficient sleep is responsible for motor vehicle and machinery-related accidents, causing injury and disability each year. Drowsy driving can be as dangerous - and preventable - as driving while intoxicated. Adults should

get 7-9 hours of sleep per night according to the National Sleep Foundation.

Gear up properly. When playing active sports or riding a motorcycle or bike, make sure you and your family wear protective gear, such as helmets, eye protection, wrist guards, and knee and elbow pads. Also, wear seat belts as a driver and a passenger each and every time you are in a vehicle.

Eat what counts. Eat a variety of fruits and vegetables every day. Limit foods and drinks high in calories, sugar, salt, fat, and alcohol and choose healthy snacks.

Get physical activity. Be active for at least two and a half hours a week. Include activities that raise your breathing and heart rates and that strengthen your muscles. You don't have to do it all at once. Spread your activity out during the week, and break it into smaller chunks of time during the day.

Be tobacco-free. Avoid all forms of tobacco and second-hand smoke. Inhaling other people's smoke causes health problems similar to those of smokers. There is no safe form of tobacco. Tobacco use is the leading detractor of combat fitness.

Call Health Promotion and Wellness at 760-830-2814 if you are interested in quitting tobacco.

For more information on men's health go to Men's check list for health <http://www.ahrq.gov/ppip/healthymen.htm> or Get dad to the doc <http://www.dadtothedoc.org/>.

What if You Were Diagnosed? Four Ways to Survive Cancer

*By Shari Lopatin
TriWest Healthcare Alliance*

Nearly 12 million Americans are living today, after being told they have cancer, according to the Centers for Disease Control and Prevention (CDC).

That's as many people who live in the state of Ohio.

Due to medical advances, the word 'cancer' is no longer a death sentence. More and more people are surviving because of early detection methods. However, this fact remains true: If you choose not to get your TRICARE-covered screenings, cancer can kill.

TRICARE covers a variety of preventive screenings to help catch cancer early...at no cost to you.

Here are four ways (a.k.a. screenings) you can catch cancer early and save your life, for you and your family:

1. Breast cancer screening: TRICARE covers one mammogram every 12 months for women older than 39. If a woman is considered high-risk for breast cancer, she can begin receiving mammo-

grams at 35 years old.

2. Cervical cancer screening: You can test for cervical cancer by getting regular Pap tests. TRICARE covers both pelvic exams and Pap tests together when necessary, or every year beginning at age 18. Once a woman has three consecutive normal Pap tests, TRICARE will cover screenings once every three years, unless a doctor recommends otherwise.

3. Colon cancer screening: Several testing options are available under TRICARE. The CDC recommends one colonoscopy every 10 years for people ages 50 and older. If you have a history of colon cancer in your family, talk with your doctor about when and how often to have screening tests.

4. Prostate cancer screening: TRICARE covers prostate screening tests for men who are:

- * older than 50
- * older than 40 and had a vasectomy
- * ages 40-49 with a family history of prostate cancer

For more cancer prevention information, visit www.triwest.com/prevention.

Stressed Out? Breathe Out

*By Brian P. Smith
TriWest Healthcare Alliance*

You're watching the phone, waiting to hear if you got that job. You're sitting in the audience as your daughter starts her first piano recital. You're waiting for the daily email from your deployed

spouse.

You're walking through the mall, still trying to get used to crowds after deployment.

These can all be stressful situations. Stress is a part of everyday life for Service members, veterans and families dealing with multiple deployments, homecomings and all the other demands of a military life.

Take a deep breath...

When you are stressed, do you ever focus on your breathing?

Most of the time, it's an automatic process. Slowing down and concentrating on your breathing can help you react in stressful situations. During stress and times of anger, the body's first reaction is to inhale

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Super Stars...



Lt. Carrie Beaty, a physician in the Internal Medicine Dept., receives a Navy and Marine Corps Achievement Medal for her work while deployed to Kuwait.



Lt.j.g. Kimberly Burnes, a nurse on the hospital's Multi-Service Ward, receives a Navy and Marine Corps Achievement Medal for her work at her previous command at Naval Medical Center Portsmouth, Virginia.



HM3 Noah Sloan, Emergency Medicine was promoted to his current rank.



Lt. Cmdr. Joseph Gomez, Department Head, Adult Medical Care Clinic receives a Navy and Marine Corps Commendation Medal, and was selected as the command's Officer of the Quarter for the period from January 1 through April 30.



HN Nathan Dufoe, Emergency Medicine, receives a Navy and Marine Corps Achievement Medal for his work while deployed to Kandahar, Afghanistan.



Captain Michael Moeller, MC, left, Executive Officer of the Naval Hospital receives a Meritorious Service Medal from Captain Ann Bobeck, Commanding Officer, for his work while assigned to this command. Moeller is the prospective Commanding Officer of the Naval Health Clinic at Annapolis, Maryland.



HMCM (SW/FMF) Rodney Ruth, is frocked to his current rank in a special ceremony in front of the Robert E. Bush Naval Hospital. Ruth has been acting as the commands senior enlisted advisor since early December. He will now take over as the Command Master Chief. Captain Ann Bobeck presents Ruth with his frocking citation.



Lt. Cmdr. Brian Parton, Nurse Corps Officer in the Main Operating Room, receives a gold star in lieu of his third Navy and Marine Corps Commendation Medal.



HM2 Ashley Groke, with the Directorate of Medical Services, receives a Navy and Marine Corps Commendation Medal for her work at the Robert E. Bush Naval Hospital.



Lt. Cmdr. Frederick French, General Surgeon in the hospital's General Surgery/Orthopedics Department, receives a Navy and Marine Corps Achievement Medal from Captain Ann Bobeck, Commanding Officer, Naval Hospital Twentynine Palms.



HM1 Brian McMahill, Materials Management Department, is piped ashore after honorably serving 20 years in the United States Navy...Fair Winds and Following Seas shipmate.



HMC Thomas Tennison, Staff Education and Training takes the oath at his recent reenlistment ceremony.



Lt. Karl Kruger, Nurse Corps Officer in the Emergency Medicine Department, receives a gold star in lieu of his third award of a Navy and Marine Corps Achievement Medal.



Lt.j.g. Christopher Redden, Mental Health Department was selected by his peers for the Nursing Excellence Award. Redden was also the recipient of a Navy and Marine Corps Achievement Medal from his previous command at Naval Medical Center, San Diego.



Susan Lasell, RN, Occupational Health Nurse at Branch Health Clinic China Lake was selected by her peers for the Senior Civilian Nursing Excellence Award.



Tisha Lueken, LVN, Internal Medicine, was selected for the Junior Civilian Nursing Excellence Award.



HM1 Jeremy Walton, Material Management, is promoted to his current rank.

Battle of Midway -- Overview

Preparations for Battle, March to June 1942

The Battle of Midway, fought over and near the tiny U.S. mid-Pacific base at Midway atoll, represents the strategic high water mark of Japan's Pacific Ocean war. Prior to this action, Japan possessed general naval superiority over the United States and could usually choose where and when to attack. After Midway, the two opposing fleets were essentially equals, and the United States soon took the offensive.

Japanese Combined Fleet commander Admiral Isoroku Yamamoto moved on Midway in an effort to draw out and destroy the U.S. Pacific Fleet's aircraft carrier striking forces, which had embarrassed the Japanese Navy in the mid-April Doolittle Raid on Japan's home islands and at the Battle of Coral Sea in early May. He planned to quickly knock down Midway's defenses, follow up with an invasion of the atoll's two small islands and establish a Japanese air base there. He expected the U.S. carriers to come out and fight, but to arrive too late to save Midway and in insufficient strength to avoid defeat by his own well-tested carrier air power.

Yamamoto's intended surprise was thwarted by superior American communications intelligence, which deduced his scheme well before battle was joined. This allowed Admiral Chester W. Nimitz, the U.S. Pacific Fleet commander, to establish an ambush by having his carriers ready and waiting for the Japanese. On 4 June 1942, in the second of the Pacific War's great carrier battles, the trap was sprung.

The perseverance, sacrifice and skill of U.S. Navy aviators, plus a great deal of good luck on the American side, cost Japan four irreplaceable fleet carriers, while only one of the three U.S. carriers present was lost. The base at Midway, though damaged by Japanese air attack, remained operational and later became a vital component in the American trans-Pacific offensive.



By March 1942, Japanese Navy strategists had achieved their initial war goals much more easily than expected. They had therefore abandoned the prewar plan to then transition to a strategic defensive posture, but there was still dispute on how to maintain the offensive.

Moving further south in the Pacific would isolate Australia, and possibly remove that nation as a threat to the freshly-expanded Japanese Empire.

However, the American island base at Midway was also an attractive target, and the Doolittle Raid on Japan prompted a decision to attack there as the next major offensive goal. Midway was a vital 'sentry for

Hawaii,' and a serious assault on it would almost certainly produce a major naval battle, a battle that the Japanese confidently expected to win. That victory would eliminate the U.S. Pacific fleet as an important threat, perhaps leading to the negotiated peace that was Japan's 'exit strategy.'

The Japanese planned a three-pronged attack to capture Midway in early June, plus a simultaneous operation in the North Pacific's Aleutian Islands that might provide a useful strategic diversion. In the van of the assault would be Vice Admiral Chuichi Nagumo's aircraft carrier force, which would approach from the northwest, suppress Midway's defenses and

Japanese Air Attack on Midway, 4 June

At 0430 in the morning of 4 June 1942, while 240 miles northwest of Midway, Vice Admiral Chuichi Nagumo's four carriers began launching 108 planes to attack the U.S. base there. Unknown to the Japanese, three U.S. carriers were steaming 215 miles to the east. The two opposing fleets sent out search planes, the Americans to locate an enemy they knew was there and the Japanese as a matter of operational prudence. Seaplanes from Midway were also patrolling along the expected enemy course. One of these spotted, and reported, the Japanese carrier striking force at about 0530.

That seaplane also reported the incoming Japanese planes, and radar confirmed the approaching attack shortly thereafter. Midway launched its own planes. Navy, Marine and Army bombers headed off to attack the Japanese fleet. Midway's Marine Corps Fighting Squadron 221 (VMF-221) intercepted the enemy formation at about 0615. However, the Marines were immediately engaged by an overwhelming force of the very superior Japanese 'Zero' fighters and were able to shoot down only a few of the enemy bombers, while suffering great losses themselves.

The Japanese planes hit Midway's two inhabited islands at 0630. Twenty minutes of bombing and strafing knocked out some facilities on Eastern Island, but did not disable the airfield there. Sand Island's oil tanks, seaplane hangar and other buildings were set afire or otherwise damaged. As the Japanese flew back toward their carriers the attack commander, Lieutenant Joichi Tomonaga, radioed ahead that another air strike was required to adequately soften up Midway's defenses for invasion.

provide long-range striking power for dealing with American warships. A few hundred miles behind Nagumo would come a battleship force under Admiral Isoroku Yamamoto that would contain most of the operation's heavy gun power. Coming in from the West and Southwest, forces under Vice Admiral Nobutake Kondo would actually capture Midway. Kondo's battleships and cruisers represented additional capabilities for fighting a surface action.

Unfortunately for the Japanese, two things went wrong even before the Midway operation began. Two of Nagumo's six carriers were sent on a mission that resulted in the Battle of Coral Sea. One was badly damaged, and the other suffered heavy casualties to her air group. Neither would be available for Midway.

Even more importantly, thanks to an historic feat of radio communications interception and code-breaking, the United States knew its enemy's plans in detail: his target, his order of battle and his schedule. When the battle opened, the U.S. Pacific fleet would have three carriers waiting, plus a strong air force and reinforced ground defenses at the Midway Base.



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U.S. Attacks on the Japanese Carrier Striking Force

While their aviators flew back from Midway, the Japanese carriers received several counterstrikes from Midway's own planes. Faced with overwhelming fighter opposition, these uncoordinated efforts suffered severe losses and hit nothing but sea water. Shortly after 0700, torpedo attacks were made by six Navy TBF-1s and four Army Air Force B-26s. Between 0755 and 0820, two groups of Marine Corps bombers and a formation of Army B-17s came in. The only positive results were photographs of three Japanese carriers taken by the high-flying B-17s, the sole surviving photos of the day's attacks on the Japanese carriers.

Meanwhile, a tardy Japanese scout plane had spotted the U.S. fleet and, just as Midway's counterattacks were ending, reported the presence of a carrier. Japanese commander Vice Admiral Chuichi Nagumo had begun rearming his second group of planes for another strike on Midway. He now had to reorganize that, recover the planes returning from Midway and respot his flight decks to launch an attack on the U.S. ships. Nagumo's force barely missed having enough time.

In the hour after about 0930, U.S. Navy planes from the carriers Hornet (CV-8), Enterprise (CV-6) and Yorktown (CV-5) made a series of attacks, initially by three squadrons of TBD torpedo planes that, despite nearly total losses, made no hits.

The sacrifice of the TBDs did slow Japanese preparations for their own strike and disorganized the defending fighters. Then, at about 1025, everything changed. Three squadrons of SBD scout bombers, two from Enterprise and one from Yorktown, almost simultaneously dove on three of the four Japanese carriers, whose decks were crowded with fully armed and fueled planes that were just starting to take off. In a few minutes, Akagi, Kaga and Soryu were ablaze and out of action.

Of the once-overwhelming Japanese carrier force, only Hiryu remained operational. A few hours later, her planes crippled USS Yorktown. By the end of the day, though, U.S. carrier planes found and bombed Hiryu. Deprived of useful air cover, and after several hours of shocked indecision, Combined Fleet commander Admiral Isoroku Yamamoto called off the Midway operation and retreated. Six months after it began, the great Japanese Pacific War offensive was over.



Note: The photographs and information for the above article were obtained from the U.S. Navy's History and Heritage Command at the Navy Yard, Washington, D.C.

Stressed Out? Breathe Out...

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and hold your breath. Breathing out slowly helps take the body out of the 'fight or flight' mode.

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DcoE, www.dcoe.health.mil) work to promote the resilience and recovery of military members and their families. Their research shows that breathing exercises can help decrease the body's 'fight or flight' response to stress. Certain types of breathing exercises can also help control anger and anxiety.

There's an app for that

Your smartphone can help you learn these exercises and improve control over your body's reactions to stress. The National Center for Telehealth and Technology is a part of the DCoE that devel-

ops technology. They've created tools to help you to manage your breathing (along with handy phone apps to track your mood and teach you about post-traumatic stress). Visit www.t2health.org/apps to learn more about their tools and apps.

Pace yourself

Find more tips just like this on triwest.com. The Behavioral Health Resource Center (triwest.com/BH) is an online library with articles about stress, parenting, relationships and other issues. You can read articles on a wide range of topics, find links to the latest relevant information and take self-assessments when it's convenient for you.



Happy 113th Birthday Hospital Corps

Est. June 17, 1898



Asian Pacific Heritage Celebration...



The Naval Hospital celebrated Asian-Pacific Heritage Month with a beautiful montage of fashion, music, dance and food which was provided by hospital staff members, friends and families. Asian-Pacific Heritage Month is celebrated every May to commemorate the contributions of Asian and Pacific Island people to the culture of the United States.